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CONFIRMATION NO. 2408

|  |   |                                    |   |  |
|--|---|------------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/776,414   | <b>FILING OR 371(c)<br/>DATE</b><br>02/11/2004<br><b>RULE</b>   | <b>CLASS</b><br>606                | <b>GROUP ART UNIT</b><br>3774   | <b>ATTORNEY<br/>DOCKET NO.</b><br>101896-239<br>(DEP5150CIP) |
| <b>APPLICANTS</b><br>Jonathan Fanger, Fall River, MA;<br>Eric D. Kolb, Quincy, MA;   |   |                                    |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a CIP of 10/664,575 09/17/2003 which is a CIP of 10/409,958 04/09/2003 PAT 7,416,553<br>and is a CIP of 10/609,123 06/27/2003   |   |                                    |   |  |
| <b>** FOREIGN APPLICATIONS *****</b>   |   |                                    |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br>** 05/07/2004  |   |                                    |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |   | <b>STATE OR<br/>COUNTRY</b><br>MA  | <b>SHEETS<br/>DRAWING</b><br>11   | <b>TOTAL<br/>CLAIMS</b><br>73                                |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____   |   | <b>INDEPENDENT<br/>CLAIMS</b><br>7 |   |  |
| <b>ADDRESS</b><br>21125  |   |                                    |   |  |
| <b>TITLE</b><br>GUIDE FOR SPINAL TOOLS, IMPLANTS, AND DEVICES  |   |                                    |   |  |
| <b>FILING FEE<br/>RECEIVED</b><br>2468   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |